

# Portsmouth School District Student Enrollment Form

## Household Information -- School Year 20\_\_ to 20\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Last First Middle

Primary Residence Address: \_\_\_\_\_  
Number & Street City State and Zip Code

Mailing Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Unlisted?  Yes  No

**Parent/Guardian Information:**

	Father/Guardian	Mother/Guardian	Step Father	Step Mother
Name				
Home Phone				
Cell Phone				
Work Phone				
Place of Employment				

Do you have Internet access?  Yes  No If yes, you may provide Email address(es) for school notices:

Email address: \_\_\_\_\_ belongs to: \_\_\_\_\_

Email address: \_\_\_\_\_ belongs to: \_\_\_\_\_

**If there is a secondary household that should receive mailings/emails please provide the information below:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number & Street City State & Zip Code

email address: \_\_\_\_\_ belongs to: \_\_\_\_\_

Dominant language spoken in the home: \_\_\_\_\_ Other languages spoken in home: \_\_\_\_\_

**Please check one box below describing where this student is currently living:** *(The McKinney-Vento Act provides additional services to students living in transitional/temporary housing.)*

- |  |   |
|--|---|
| <input type="checkbox"/> <b>NOT</b> living in transitional/temporary housing.                            | <input type="checkbox"/> living in a shelter  |
| <input type="checkbox"/> living with friends/family members due to loss of housing or economic hardship. | <input type="checkbox"/> living in a car      |
| <input type="checkbox"/> living in a motel due to housing or economic hardship.                          | <input type="checkbox"/> living in a campsite |
| <input type="checkbox"/> other (a place not designed for ordinary sleeping accommodations)               |   |

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Today: \_\_\_\_\_

-----BELOW FOR OFFICE USE ONLY-----

**Name of Household** \_\_\_\_\_ **Date Entered** \_\_\_\_\_ **Registrar Initials** \_\_\_\_\_

Enrollment Forms:  Proof of Residency  F&R Application  Home/Language Survey  Custody documents